

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/581339

FILING DATE

6-2-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4	3					
5	2					
6	6					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14			1			
15						
16						
17						
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25		1				
26		1				
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46						
47						
48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.			15			
TOTAL CLAIMS			17			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						